J- 14	PART B - FEE(S) TRANSMITTAL						
Complete and send t	this form, together with	S/		Co P. Al	ail Stop ISSUE ommissioner fo O. Box 1450 exandria, Virg 03) 746-4000		
INSTRUCTIONS: This for appropriate. All further co indicated unless corrected maintenance fee notificatio	orm should be used for tran rrespondence including the below or directed with this ns.	Suffiting the ISSU Datent, advance or in Block 1, by (a			,	red). Blocks 1 through 5 still be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE 26389 7	any change of address)	_	No Fee par hav	te: A certificate of c(s) Transmittal. This ers. Each additiona re its own certificate	mailing can only be used fis certificate cannot be used I paper, such as an assignme of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must	
CHRISTENSEN PLLC 1420 FIFTH AVE SUITE 2800	ISON, KIND	NESS,	I he Sta add trai	ereby certify that the tes Postal Service was bressed to the Mail asmitted to the USP	tificate of Mailing or Tran is Fee(s) Transmittal is beir vith sufficient postage for fil Stop ISSUE FEE address TO (703) 746,4000, on the	smission g deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below. (Depositor's name)	
SEATTLE, WA 98 12/14/2004 HVUUNG2 000			(Mon	MUMSTO	(Signature)	
01 FC:1504 02 FC:2501	300.00 OP 700.00 OP				December	9, 2004	(Date)
APPLICATION NO.	FILING DATE		FIRST NAME	ED INVENTO	(ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/052,891	10/052,891 01/18/2002 Adi A. Scheidemann UWOTL118604 1012						
APPLN. TYPE	SMALL ENTITY	<u> </u>			CATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	300 300			\$300	XXX 1000	12/14/2004
EXAMINER		ART UN	T UNIT CI		S-SUBCLASS		
KOHNER, MATTHEW J		3653		20	9-038000	•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single min (naving as a member a				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app Γa substitute	pear on the pe for filing an	atent. If an assigno assignment.	ee is identified below, the c	document has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
The University of Washington STI Optronics, Inc. Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
4a. The following fee(s) are	enclosed:	4b	. Payment of				:-0.24
Issue Fee	A check in the amount of the fee(s) is enclosed. Check No. 159945 Payment by credit card. Form PTO-2038 is attached.						
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1740 (enclose an extra copy of this form).				
	(from status indicated above					LL ENTITY status. See 37 C	
							ation identified above. he assignee or other party in
Authorized Signature	Cay b al	ntoni			Date <u>D</u> e	cember 9, 2004	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name George E. Renzoni, Ph.D.

01

Registration No.

37,919